

## Commissioner's Weekly Wrap Up

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DCS Communications Office

January 14, 2005

### The Week Ahead

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**Tue., Jan. 18** –The Commissioner attends the CPORT Exit Conference at the Davidson County DCS office.

### Employee News

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**Anita Cowan** has worked for the State of Tennessee for 31 years. She has been an excellent resource in the area of adoptions. She has worked in Central Office as program manager in the Adoption Unit, providing guidance around adoption issues for the state. We are sad to see Anita retire, but joyful that she is entering a new phase in her life.

We are celebrating her retirement on January 28. For additional information, please contact Carolyn S. Jones and/or Vicki Patrick.

The Weekly Wrap Up welcomes news on employee promotions, retirements, awards, accomplishments, special recognition and more. Send employee news to K. Danielle Edwards at [K.Danielle.Edwards@state.tn.us](mailto:K.Danielle.Edwards@state.tn.us).

### Children First License Plates

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Did you know that Tennessee residents registering a private passenger motor vehicle who get the “Children First” specialty license plate are helping the Tennessee Department of

Children's Services? \$31.00 of the additional \$35.00 fee is allocated to DCS to provide additional funding for child abuse prevention. For more information, visit the Department of Safety's Web site at [www.tennessee.gov/safety](http://www.tennessee.gov/safety).

## **A Note on Training and Change**

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*Submitted by Valerie J. Handy, MS Program Manager, DCS Training Division*

As a UT pre-service trainer for almost four years, I have had the pleasure of reaching and teaching literally hundreds of new DCS employees. Now, as a program manager in the DCS Training Division, I walk down the aisles of the DCS offices in the various regions and see so many familiar faces. It always brings a smile to my face and a great sense of personal satisfaction knowing that so many have remained with the Department, and that I possibly made a small contribution to this achievement.

Anyone who has ever been in training with me knows that one of the things that I would occasionally say was, "When the feeling hits me, I have to go with it." At this time, I would stray (ever so slightly) from the curriculum and impart some Handy wisdom and knowledge. So, I now say to you, "The feeling has hit me and I have to go with it."

A tremendous undertaking to train all the existing staff in the "new" DCS Practice Model will soon begin – a model which emphasizes family decision making, seamless service delivery, recognition of family strengths, cultural responsiveness and adherence to the core qualities of genuineness, empathy and respect. In other words, a major element of this "new" way is to "treat others the way you would want to be treated." Sounds simple enough, right? Wrong! This is not simple, because it involves change.

I would like to pose a question: What is it that makes most people resistant to change? Let me attempt to answer my own question. Change is scary. Change involves the unknown. Change sometimes forces us to share the power or relinquish the power. Change can make us feel inadequate because it interrupts what has become comfortable to us, thereby affecting our comfort levels.

It is my hope that one day that the community will see us as "The Family Helpers" instead of the "Baby Snatchers." To achieve this, we all must change the way we do things. The process to reach this end result begins with effective training to ensure that we as a Department sing from the "same sheet of music." I strongly encourage every case manager, supervisor, team leader, team coordinator, director – everyone in this Department – to do their part in embracing change and help make this existing staff training a success ... a Department of Children Services success!

## **TennCare Changes**

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*Submitted by Mary Beth Franklyn, TennCare Liaison, Blue Ribbon Committee*

This week, the Governor announced changes in the TennCare program. The Governor's plan for "basic TennCare" protects children. While it does not provide all of the levels of care that we might want for all adults, it *is* the level of care that can be afforded within the current legal environment without bankrupting our state.

***How do these changes affect the children and families that we serve?***

First of all, **no children** will be affected by the changes in the program. This includes children who are in the uninsured category, also called TennCare Standard. **Both eligibility and coverage remain the same for children.**

Adults affected include the following:

- Uninsured and uninsurable adults
- Persons who are on both Medicare and Medicaid (dually eligible)
- An optional Medicaid category known as "spend down"

***How will persons know they are affected?***

They will receive a notice that will tell them what to do. They do not need to go to DHS at this time. If they have had changes in their situation they should, however, go to DHS (this would be standard procedure).

***Can persons still apply for TennCare or Medicaid?***

Yes, they can apply for Medicaid at any time, and continue to apply for all eligibility categories until any changes begin.

***How can we help the families we serve understand changes to TennCare?***

Let them know benefits continue at the present time. Make sure they understand they will receive notice if they will be affected.

If they have questions about TennCare or Medicaid coverage that you cannot answer with basic information, refer them to the DHS Family Assistance Help Line at (866) 311-4287 or in Nashville (615) 743-2000.

## **Protection from Harm**

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*Submitted by Tricia Henwood, Director of Medical and Behavioral Services, Office of Child and Family Well-Being*

What is "Protection from Harm?" First, it is a responsibility of each and every employee of the Department of Children's Services, regardless of where we work and what our daily activities are. Child protection is the business of every DCS employee and not just

those in the CPS division. Part of what we do every day is try to ensure that children are safe, but “protection from harm” includes more than placing a child in a safe, approved home or facility. Protection from harm also refers to the specific areas of psychotropic medication and behavior management and involves ensuring that best practices are followed in these areas.

One of the critical areas of concern within the protection from harm arena is the use of psychotropic medications by children in DCS custody. A recent case file review showed that 25 percent of children were taking psychotropic medications. Of even greater concern is that many of these children are under age 10. Although psychotropic medications can play an important role in the overall treatment of children, we want to be certain that psychotropic medications are not being used in lieu of other appropriate therapeutic modalities or as a means of control, punishment, or for the convenience of the treating facility.

In an effort to better monitor the use of psychotropic medication in our children, we are taking several steps. The Information Systems division has created a web-based psychotropic medication tracking application that will be rolled out within the next week. This application will allow us to look at child-specific data about psychotropic medication as well as trends in use across the state. This system will then integrate into the redesign of the medical module, which will be part of the May 2005 TNKids release. This redesigned medical module will allow for better documentation and tracking of psychotropic medication and all health services for children in custody.

We not only need to know every psychotropic medication that children in our care are taking, but we also need to ensure that appropriate informed consent was given prior to our children receiving their medication. It is our Department’s belief that families have a right to be involved in the care of their child, and children need to have a voice also. This is especially true with treatment and the use of medication. Unless parental rights have been terminated, case managers must contact the parents to give consent for psychotropic medications. If parents are not involved and rights have been terminated, then the regional health unit nurse will provide consent. Youth 16 years of age and older have the legal right to provide consent for their mental health treatment, including psychotropic medication. Ensuring that these older youth have the opportunity to give consent also is part of our responsibility.

Although the use of psychotropic medication with children and youth may be fairly common practice, there is little data on the safety and efficacy of most psychotropics with this age group. Part of our responsibility in monitoring the medications taken by our children is to ask questions when appropriate. To help this process, we have created “Medication Monitoring Guidelines” which identify areas for case managers to seek more information. For example, a child on more than one psychotropic medication from the same class (e.g., two stimulants—Ritalin and Adderall), should be supported by an explanation from the prescribing provider. Similarly, a child on more than three psychotropic medications also warrants explanation from the prescriber and a possible second opinion. Asking for an explanation for the use of multiple psychotropics does not

mean that this practice is not appropriate in some situations as every child and adolescent has unique needs that require individualized treatment planning and decisions. However, we want to avoid the use of polypharmacy whenever possible and work to use the fewest medications and at the lowest dosages needed for effectiveness.

We also are concerned about the use of psychotropic medications with our young children. All psychotropic medication prescriptions for children five years and younger should be brought to the attention of the regional health unit nurse. Although there may be times when medicating these very young children is clinically appropriate, we want to ensure that all other avenues of intervention have been attempted.

Because we have concerns about the use of medication with our children, Commissioner Miller has committed to the hiring of a child psychiatrist for our department. I am pleased to announce that Deborah Gatlin, MD, will be joining our department as our child psychiatrist. Dr. Gatlin currently functions as the psychiatrist for the Vanderbilt Center of Excellence and she brings a wealth of experience and expertise in working with our children and families. We are working out a transition from the COE to DCS, but eventually Dr. Gatlin will work three days per week, be available for consultation statewide, and help continue our efforts in protecting all children from harm.

## **Continuous Quality Improvement**

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*Submitted by Angela Burden, Program Specialist, QA/CQI Division, Office of Performance Enhancement*

Within a few weeks, the Continuous Quality Improvement (CQI) process will be introduced to DCS YDC and group home staff. CQI training will cover the meaning of Continuous Quality Improvement and how this process can be used to assist teams with identifying barriers and brainstorming for action steps to resolve the barriers.

Early identification of barriers and action steps for resolving the barriers is vital in promoting positive outcomes for children and youth in the juvenile justice system, as well as dependent and neglected children and families. The misuse of meetings is a common practice in organizations, including the child welfare setting. Best practices for meeting management suggest that meetings be organized with flow of energy and time in mind. Thus, meetings should begin with announcements and minutes and have a leader, facilitator and scribe. CQI meetings are, of course, the place where decisions are made that result in the impact of positive change in the workplace. This is what CQI is all about.

The Continuous Quality Improvement training will be half-day sessions for DCS YDC and group home staff statewide. Dates for registration will be forthcoming.

## **Core Leadership**

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**CORE Leadership Meeting**  
**Bonnie Hommrich, Presiding**  
**January 11, 2004**

**Commissioner's Comments**

The Commissioner and Bonnie Hommrich went to Chicago last week for a conference, which provided informal opportunities to talk to Marsha and litigators. The Commissioner felt that we are making progress on that relationship. They firmed up relations with Fred Wulczyn regarding longitudinal data. They also met with Mark Testa, and he is asking states to share data so he can give longitudinal indicators. We are in our infancy with data and it is in our best interest to participate in whatever we can. Data can help drive our decision-making to get better outcomes for our children. Chris Baird is working on workforce analysis. Nationally, we are in a position to draw attention to Tennessee.

The Commissioner stated that we want to reintegrate direct service components of CSAs. Now we have 12 independent agencies delivering in-home services. We are moving to a paradigm in which we have consistent standards of practice across the regions. Structurally, we want to “lift up” the direct service piece and move it into DCS to make services seamless. A transition team will lead this charge, which will include Debbie Waddell and Randal Lea. The transition team will consist of someone from personnel, physical plant and RAs Tom Riss, Sandra Jordan and Stacey White to serve in an advisory capacity (via conference call on a routine basis). Debbie is currently doing staff analysis; for example, if have five CSA clerical staff in NE CSA, talk with NE RA to freeze clerical people there to transition. Hamilton, Shelby and Knox will go first in transition of CSA. The goal is to get the structure fixed as soon as possible. The Path to Excellence will need modifications due to changes with CSA. Andy Shookoff and Judy Meltzer are thrilled with this decision to deliver a seamless system of services.

CRI and TAC will be here on January 25 for a daylong meeting. An area of concern will be psychotropic medications for young children. Other areas of interest from CRI and TAC will be on functional assessment, structured decision making, rightsizing, performance evaluations, waiver issues, QA, CQI and data.

The past two months' progress on adoption finalizations needs to be celebrated in major ways. If we clearly define and draw parameters around the goal, our field staff will step up to the plate. The Commissioner wants regions to do this and not have Central Office drive this process. The Commissioner stated that for Building Families – One Child at the Time, we will surpass 400 adoptions, and she believes every region will meet its goal. The Commissioner will visit these regions and celebrate the success of this initiative. The regional liaisons will also celebrate the success of the adoptions efforts with their regions.

Judy Cole will lead the charge on the initiative around reunification. The statewide goal is to reunify 800 children in two months. Each region will set its goal. Trish Parker did an excellent job with the adoptions initiative. The Commissioner suggested Trish help Judy with this process and determine the reward when the goal is met and additional rewards for the region that most exceeds the goal.

The Commissioner reviewed approximately 20 cases of high-end children and believes that our children are getting worse in such placements. The goal is to get these children out of high-end placements and into home-like settings. Youth Villages conducted a utilization review study on 110 children (minimum of five per region) extrapolated to the state. They believe that we could have sent at least 50 percent of them to a home-like setting. We need to start looking at every child in care and right size their placement. We need very careful discharge plans with intensive in-home services. The Commissioner saw no evidence that FSS services helped these high-end children. We don't have the internal capacity right now and need to work with our private providers.

### **Core Leadership New Years Resolutions**

*Bonnie Hommrich, Deputy Commissioner, Protection and Prevention*

- How we evaluate our contracts and ourselves (at the beginning with performance measures and overtime)? We need to work on figuring out how to monitor contracts especially as we bring CSA things in-house. All of CLT is involved because every P2E item needs to be evaluated.
- CPS – Bonnie will be working with Bonnie Beneke and CAC to help our staff get a greater comfort level with talking with children.
- Working with judges – Bonnie will visit many regions and court houses, observe their dockets and discuss their relationship with DCS.

*Steve Hornsby, General Counsel*

- Improve interaction with DCS and juvenile courts by setting up a series of regional meetings and inviting legislators. Meetings have been scheduled for Mid-Cumberland and Davidson County. The Commissioner suggested criminal court judges get some attention, but that the focus of meeting should be juvenile court judges. The Commissioner also suggested talking about the importance of CPITs and a multidisciplinary focus. Steve stated the next tier would include DAs and law enforcement.
- Use data to manage and truly evaluate legal staff. Steve explained he is beginning this process. The Commissioner suggested looking at standardizing the workflow and asked Steve to make a proposal of how to go forward and include actions steps, etc.

- Research and draft model of chins and fins statue and be read to present to legislature.

*Daryl Chansuthus, Director, CQI/Quality Assurance*

- Standardized instruments and protocols will be used for regional and statewide reviews and evaluations, as well as for tracking, measuring and reporting in the regions and statewide on key program outcomes and performance/process indicators.
- Continuous quality improvement cross-functional teams at the regional and state levels will be fully functional, will monitor DCS performance on the 11 key outcomes identified in the state QA/CQI plan, and will use data from a variety of sources to actively, independently and regularly engage in problem-solving and action planning to promote performance excellence.
- Continuous Quality Improvement staff will coordinate and/or provide ongoing training, orientation and consultation to support and enhance improvement efforts statewide.

*Brenda Bell, CS Program Director, Compliance with Juvenile Justice, Blue Ribbon Team*

- Establish an efficiently functioning system for the transition of DCS youth to services provided by the Department of Mental Retardation Services (DMRS) and the Department of Mental Health/Developmental Disabilities (DMH/DD).
- Complete the review of special targeted juvenile justice service delivery and document evidence of improvement in services to youth as we move toward achieving substantial compliance in this program area.
- Introduce the concept of COA, the accreditation standards and how accreditation can benefit DCS as we prepare to launch the accreditation self-study process

**Next Week New Year's Resolutions:** Randal Lea, Paul Montebello, Tom Riche, William Haynes and Elizabeth Black.

### **Path to Excellence**

Eric Henderson has been monitoring the Path to Excellence since August. The P2E is an ongoing document and will require constant updating. The next step is to integrate the PIP and P2E into one reporting/monitoring document. The document will be reconfigured to possibly resemble the PIP, which would provide more room for information. The next P2E update is due on January 17. Eric will be meeting with some CLT members individually to go through the document to make sure items are complete. An action task is identified as "on time" at the completion of the measure, not when it was initiated. If



the dates are behind schedule, put the expected date of completion. The P2E will be requiring documentation to show an item is completed. This is the time to negotiate if things in P2E don't fit in terms of what is right and needed (doesn't add value). It is important to be truthful and honest. The only thing that is not acceptable is to ignore it. The Commissioner wants the P2E to be our internal working document, but it also needs to reflect the plaintiffs' interests.

## **PIP**

The PIP comes from the 2003 Child and Family Service Review (CFSR). The feds review cases, talk with staff, parents, children and others to understand how child welfare is working in the state. They assess areas in which we need improvement. By June 30, the Department must have completed all strategies. There are many strategies within the PIP that have to be addressed in the next six months. CFSR are the CQI tool of Health and Human Service Division of federal government. Once PIP is closed out at the end of July, it becomes a federal document. The next CFSR will be the summer of 2006, which will include the same assessment but different counties. The Commissioner asked for standards from federal government to see what they are and what is passing. We have negotiated our standards with the feds on the current PIP. The feds have been realistic with us, therefore some of our goals are lower than they should be. The feds want us to have a plan and show how we will improve. If we don't achieve all strategies, there are fiscal penalties involved.

CFSR and COA will be the only agenda items for the first February CLT meeting. The standards will be brought to this meeting. There are 800 standards just for COA.

## **Regional Implementation Plans**

Elizabeth Black handed out a memo to the RAs on the final phase regional implementation plans and a list of the regional technical assistance teams. The TA teams are an offering and not a requirement. The critical piece is how the RAs operationalize the plan and processes to meet the 11 outcomes. The Commissioner stated CPS backlog and past dues are non-negotiable.

## **DCS Speak-Outs**

The P2E identified five employee speak outs with 100 employees participating. William Haynes proposed conducting six employee speak-outs (two per grand region). The purpose of the speak-outs is for employees from the Department to discuss their experiences and concerns, and ask questions. Announcement about the schedule and location of the speak-outs will be forthcoming.

## **Web Steering Committee**

This committee will be reconvening and has a goal of revamping the website. Andrea Turner will be working with Jimmy Lichtenstein from OIS. E-mail Andrea suggestions

for improvement and let her know if person on the committee is the best person for that area.



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***The meeting of two personalities is like the contact of two chemical substances; if there is any reaction, both are transformed.***

-Carl Jung

***The best way to predict the future is to invent it.***

-Alan Kay

